PTO/SB/08A

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

_	Unde	er the Paperwork Re	eduction Act of 19	95, no persons are	required to respond to a collection of	information unless it contains a valid OMO control number.	
	Substitute of form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY				Complete if Known		
IN				EMENT BY	Application Number	Unknown	
""	APPLICANT (use as many sheets as necessary)				Filing Date	September 9, 2003	
l					First Name Inventor	Udo Heselhaus	
1					Group Art Unit	Unknown	
1					Examiner Name	Unknown	
	Sheet	ı	of	1	Attorney Docket Number	016382-9004	
					<u> </u>		

U.S. PATENT DOCUMENTS						
Examiner Initials	U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document			
	US 2002/0024230 A1	Pfertner et al.	2/28/2002			
	5,816,644	Rothe et al.	10/6/1998			
L		<u> </u>	<u> </u>			

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract
GH	EP	1 024 042 A2	Wilhelm Karmann GmbH	8/2/2000	X	X
V		 	<u> </u>			
 		<u> </u>	 	 	 	
 						

Examiner Signature	12	Co	Date Considered	8/11/01	
		-A			

EXAMINER: Initial if elerence considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.